

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1									
2		1								
3		1								
4	1									
5	1									
6		5								
7		5								
8		5								
9		2								
10		2								
11		5								
12		5								
13		5								
14		5								
15		5								
16		5								
17		5								
18		5								
19	1									
20	1									
21		1								
22	1									
23		1								
24	1									
25		1								
26			1							
27			1							
28				1						
29			1							
30				2						
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	7		3							
TOTAL DEP.	64		3							
TOTAL CLAIMS	71		6							
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY